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## APPLICANTS

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*verified* *KOM*

## \*\* CONTINUING DATA \*\*\*\*\*

*none* *KOM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none* *KOM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/22/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	DRAWING 5	CLAIMS 21	CLAIMS 3
Verified and Acknowledged	<i>Klein</i> <i>kom</i> Examiner's Signature Initials				

## ADDRESS

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*ATL ULTRASOUND*TITLE  
EXTERNAL ATRIAL DEFIBRILLATOR AND METHOD FOR PERSONAL TERMINATION OF ATRIAL FIBRILLATION

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